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Integrated Behavioral Health Plan (IBHP)

As part of your medical plans, the State of Idaho has chosen **Business Psychology Associates** to administer a managed care plan for mental health and substance abuse services.

Pre-Authorization Requirement

IBHP Benefits require Pre-Authorization from BPA. BPA works on your behalf to see that these services are medically necessary, are matched closely to your needs, and are provided in the least restrictive environment possible. BPA wants you to receive high quality care which is cost-effective and which makes effective use of your benefit resources.

Please call BPA at **1-877-427-2327** for pre-authorization. Pre-authorization is required for both in-network and out-of-network care.

Employees and their dependents enrolled in the IBHP must obtain pre-authorization for any IBHP services each benefit period. July 1st of each year marks the beginning of a new benefit period and the start of a new deductible period. Any authorizations issued expire June 30th of each year.

	<i>Pre-Authorized Cost per billable hour In-Network</i>	<i>Pre-Authorized Cost per billable hour Out-Of-Network</i>
EAP Benefits	5 visits per person per plan year	No Benefit
Maximum Plan Year Benefit	200 Hours In-Network & Out-Of-Network combined	
Plan Year Deductible	\$150 individual/\$300 family	
Out-Patient Individual care and services: <ul style="list-style-type: none">• Psychiatric evaluation and medication management• Psychological testing & services• Professional counseling• Family & Group counseling	\$25 copayment per billable hour	50% copayment per billable hour/visit of maximum allowance
Facility-based Individual care and services: <ul style="list-style-type: none">• Acute in-patient psychiatric• In-patient detox• Partial or day hospitalization• Intensive out-patient programs• Residential programs for substance abuse	\$15 copayment per billable hour	50% copayment per billable hour/visit of maximum allowance

¹Out-of-Network Services include services from a provider not contracting with BPA. You will be responsible for payment of your designated percentage of the balance. If you choose a non-contracting provider, you may be responsible for charges exceeding the maximum allowable for that service.

Services provided by non-mental health providers and mental health prescription drug costs must be billed to your medical insurer.

If there is a conflict between this summary and the contract for this Plan, the terms of the contract will govern.

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